

EXHIBIT “4”

EXHIBIT “4”

Fill in this information to identify your case:

Debtor 1 Monica Helena Hujazi
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the Northern District of California

Case number 13-30479
(If known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

2.1

Franchise Tax Board

Priority Creditor's Name
PO Box 942857
Number Street
Sacramento CA 94257

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☒ Yes

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

\$ <u>3000</u>	\$ <u>Unknown</u>	\$ _____
----------------	-------------------	----------

2.2

Internal Revenue Service

Priority Creditor's Name
4330 W 4th Ave #100
Number Street
Sacramento CA 95821

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☒ Yes

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

\$ <u>Unknown</u>	\$ _____	\$ _____
-------------------	----------	----------

Debtor 1

First Name

Middle Name

Last Name

Monica Helene Hujazi

Case number (if known)

13-30477

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim

Priority
amountNonpriority
amount

2.3 SF Water + Power

Priority Creditor's Name

PO Box 7369

Number Street

San Francisco CA 94120

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Last 4 digits of account number

\$

\$

\$10,000

When was the debt incurred?

Unknown (sterling Healty was paying bills during this period 376 Ellis St)

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☐ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☒ Other. Specify UTILITIES

Is the claim subject to offset?

☐ No☒ Yes

Commercial tenant partially liable

2.4 A T and T

Priority Creditor's Name

PO Box 6463

Number Street

Carol Stream IL 60197

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Last 4 digits of account number

\$

\$

\$228

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☐ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☒ Other. Specify telephone

Is the claim subject to offset?

☐ No☒ Yes

2.5 George P. Eghee

Priority Creditor's Name

702 Marshall St. H500

Number Street

Redwood City CA 94063

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Last 4 digits of account number

\$

\$

VARIOUS

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☐ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☒ Other. Specify Legal

Is the claim subject to offset?

☐ No☒ Yes

CORP amount unknown

Debtor 1

Monica Helene Hajarz
 First Name Middle Name Last Name

Case number (if known) 13-30477

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim Priority amount Nonpriority amount

2.6 Treasury + Tax Collector
 Priority Creditor's Name

Last 4 digits of account number _____

\$ _____ \$ _____ \$ 24,000

County of San Francisco
 Number Street

When was the debt incurred? _____

1 Carlton B. Goodlett Pl. Rm 140
San Francisco CA 94102
 City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

Is the claim subject to offset?

- ☐ No
☒ Yes

Comcast
 Priority Creditor's Name

Last 4 digits of account number _____

\$ _____ \$ _____ \$ 558

330 W. 20th Ave.
 Number Street
San Mateo CA 94403
 City State ZIP Code

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify Utilities

Is the claim subject to offset?

- ☒ No
☐ Yes

2.7 Recology Golden Gate
 Priority Creditor's Name

Last 4 digits of account number _____

\$ _____ \$ _____ \$ 3,000

250 Executive Park Blvd #2100
 Number Street
San Francisco CA 94134
 City State ZIP Code

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify Trash collection

Is the claim subject to offset?

- ☐ No
☐ Yes

VARIOUS CORPS
(stealing health
paying in charge
of 2400 Bluehorse-
376 Ellis St
San Francisco
2012/2013

Debtor 1

Monica Helena Hujazi
 First Name Middle Name Last Name

Case number (if known)

13-30477

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim

Priority
amountNonpriority
amount

2.29 Harold Greenberg
 Priority Creditor's Name
 2263 S. Harvard Blvd
 Number Street
 Los Angeles CA 90018
 City State ZIP Code
 Last 4 digits of account number
 When was the debt incurred?
 As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
 Type of PRIORITY unsecured claim:
☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify Legal
 Total claim \$ 642,000
 Priority amount
 Nonpriority amount
 (primarily Zuckerman Family Trust)

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☒ Yes

2.30 Branka McGurgan
 Priority Creditor's Name
 1816 Hemlock Ave.
 Number Street
 San Mateo CA 94401
 City State ZIP Code

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify Brownstone Gifts Review Helena Hujazi estate

Is the claim subject to offset?

- ☐ No
☒ Yes

2.40 Recoverex Corp
 Priority Creditor's Name
 400 Montgomery St #600
 Number Street
 San Francisco CA 94104
 City State ZIP Code

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify Refer to "suit"

Is the claim subject to offset?

- ☐ No
☒ Yes

(Hujazi vs Luscutto, et al) San Francisco
 Case: 13-00088 Doc# 383-2 Filed 12/16/16 Entered 12/16/16 16:08:08 Page 2 of 2

Fill in this information to identify your case:

Debtor Monica Helena Hujazi
First Name Middle Name Last Name
Debtor 2
(Spouse if filing) First Name Middle Name Last Name
United States Bankruptcy Court for the: Northern District of CA.
Case number 13-30477
(if known)

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1 IPFS Corp
Name
1001 Winstead Drive
Number Street
Cumey NC 27513
City State ZIP Code

Insurance

2.2 Ahmed Hussein
Name
Geary Blvd
Number Street
San Francisco
City State ZIP Code

Consultation Services
to correct Andrew Calhans
et al friends work
376 Elliss St
San Francisco

2.3
Name
Number Street
City State ZIP Code

2.4
Name
Number Street
City State ZIP Code

2.5
Name
Number Street
City State ZIP Code

Debtor 1

Monica Helena Huayra
First Name Middle Name Last Name

Case number (if known) _____

Additional Page if You Have More Contracts or Leases

Person or company with whom you have the contract or lease

What the contract or lease is for

22

Name

Number Street

City State ZIP Code

2.

Name

Number Street

City State ZIP Code

2.

Name

Number Street

City State ZIP Code

2.

Name

Number Street

City State ZIP Code

2.

Name

Number Street

City State ZIP Code

2.

Name

Number Street

City State ZIP Code

2.

Name

Number Street

City State ZIP Code

2.

Name

Number Street

City State ZIP Code

Case: 13-00088 Doc# 384-2 Filed 12/16/16 Entered 12/15/18 18:47:08 Page 6 of 6

Fill in this information to identify your case:

Debtor 1 Monica Helena Hujazi
First Name Middle Name Last Name
Debtor 2
(Spouse, if filing) First Name Middle Name Last Name
United States Bankruptcy Court for the: Northern District of Calif
Case number 13-304-77
(if known)

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☐ No. Go to line 3.
☒ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No N/A
☐ Yes. In which community state or territory did you live? _____ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Sterling Heatley
Name
2269 Chestnut Street
Number Street
San Francisco, Calif
City State ZIP Code

☐ Schedule D, line 2.3
☐ Schedule E/F, line _____
☐ Schedule G, line _____

3.2

Name
Number Street
City State ZIP Code

☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

3.3

Name
Number Street
City State ZIP Code

☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

Case: 13-00088 Doc# 384-2 Filed 12/18/16 Entered 12/18/16 13:29:47.08 Page 1 of 1

0221

Debtor 1

First Name Middle Name Last Name

Case number (if known)

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3._

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

3._

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

3._

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

3._

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

3._

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

3._

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

3._

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

3._

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1 Monica Helena Hujari
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the Northern District of California

Case number (if known) 13-30477

Check if this is:

☐ An amended filing

☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 1061

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

☐ Employed
☐ Not employed

☐ Employed
☐ Not employed

Occupation

Real Property Investor & related

Employer's name

Self
911 N Amphlett

Employer's address

Number Street

Number Street

San Mateo, CA
City State ZIP Code

City State ZIP Code

How long employed there? _____

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2.

\$

Various \$20,000+ month
from properties

3. Estimate and list monthly overtime pay.

3.

+\$

+\$

4. Calculate gross income. Add line 2 + line 3.

4.

\$

\$

Debtor 1

First Name Middle Name Last Name

Monica Helena Huguiz

Case number (if known)

13-30477

Copy line 4 here..... → 4.

For Debtor 1

For Debtor 2 or
non-filing spouse

\$

\$

5. List all payroll deductions:

5a. Tax, Medicare, and Social Security deductions

5a. \$

\$

5b. Mandatory contributions for retirement plans

5b. \$

\$

5c. Voluntary contributions for retirement plans

5c. \$

\$

5d. Required repayments of retirement fund loans

5d. \$

\$

5e. Insurance

5e. \$

\$

5f. Domestic support obligations

5f. \$

\$

5g. Union dues

5g. \$

\$

5h. Other deductions. Specify: _____

5h. + \$

+ \$

6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.

6. \$

\$

7. Calculate total monthly take-home pay. Subtract line 6 from line 4.

7. \$

\$

8. List all other income regularly received:

8a. Net income from rental property and from operating a business, profession, or farm

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a. \$

\$

8b. Interest and dividends

8b. \$

\$

8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c. \$

\$

8d. Unemployment compensation

8d. \$

\$

8e. Social Security

8e. \$

\$

8f. Other government assistance that you regularly receive

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify: _____

8f. \$

\$

8g. Pension or retirement income

8g. \$

\$

8h. Other monthly income. Specify: Income from state

+ \$

+ \$

9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.

9. \$

\$

10. Calculate monthly income. Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

10. \$

\$

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: _____

11. + \$

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies

12. \$

Combined
monthly income

13. Do you expect an increase or decrease within the year after you file this form?

☐ No.☒ Yes. Explain:

"National Trust" presented to trustee 97,000/month

Alexander, DA

market

Pharmacy

unknown for Alexander, DA

Exhibit 1 (a)

**SF Corners LLC
Profit and Loss
Jan-Dec 2013**

Utilities (Water & Power)	8,359.67
Total .Direct Expense	<u>29,872.53</u>
L&P-Legal & Professional	1,875.00
Taxes	
City Taxes	<u>513.32</u>
Total Taxes	<u>513.32</u>
Total Expense	<u>32,260.85</u>
Net Ordinary Income	300,711.91
Other Income/Expense	
Other Expense	
Penalties & Interest	<u>232.83</u>
Total Other Expense	<u>232.83</u>
Net Other Income	<u>-232.83</u>
Net Income	<u><u>300,479.08</u></u>

Exhibit (10)

**SF Corners LLC
Profit and Loss
Jan-Dec 2013**

Ordinary Income/Expense

Income

misc. income 50.00

.Rental Income

.BCP

.Mission

M01 10,497.74

M02 16,565.00

M03 17,684.40

M04 19,596.36

M05 21,475.46

M06 20,579.50

M07 20,007.50

M08 18,635.00

M09 6,434.37

M10 10,401.15

M3201 142,756.80

Total .Mission 304,633.28

Total .BCP 304,633.28

.Rental Income - Other 14,092.00

Total .Rental Income 318,725.28

LFI-Late Fee Income 75.00

Rent Income 14,122.48

Total Income 332,972.76

Gross Profit 332,972.76

Expense

.Direct Expense

Cleaning & Maintenance 230.00

Commission Expense 459.00

Garbage/Trash 3,638.70

Inspections/Fees/etc. 730.00

Management Fees 205.74

Property Tax 6,530.53

Repair & Maintenance

RLabor & Misc Maintenance 2,483.06

RPlumbing 2,077.27

RSupplies 818.56

RUnit Maintenance 4,100.00

Repair & Maintenance - Other 240.00

Total Repair & Maintenance 9,718.89

Exhibit (C)

6:04 PM
02/24/15
Cash Basis

376 ELLIS STREET LLC
Profit & Loss
January through December 2013

	Jan - Dec 13
Professional Fees	12,187.50
Property Management Fees	549.88
Reimbursement-gas/supplies etc	1,830.25
Rent Expense	0.00
Repairs and Maintenance	
Cleaning	1,383.50
Elevator Repair	4,296.00
Fire Protection	943.75
Flooring - Hardwood/Carpet	177.21
Keys/Locks	3,369.03
Plumbing	5,929.01
Repairs and Maintenance - Other	37,106.54
Total Repairs and Maintenance	53,205.04
Telephone Expense	5,820.35
Utilities	
Garbage/Trash	10,166.55
PG&E	18,824.51
Water	15,705.25
Total Utilities	44,696.31
Total Expense	178,666.28
Net Ordinary Income	158,066.61
Other Income/Expense	
Other Expense	
Suspense	1,846.00
Total Other Expense	1,846.00
Net Other Income	-1,846.00
Net Income	156,220.61

Exhibit (1a)

UPTOWN STERLING TOWERS LLC
1921-1925 Martin Luther King Jr. Way
Phone (650) 685-8555
Fax (650) 685-8558

Unit	Type	Move-in Date	Tenant Name	Lease Amount	Actual Rent
1921	Commercial		EMPTY/VACANT	\$ 5,000.00	\$ -
1923	Commercial		EMPTY/VACANT	\$ 5,000.00	\$ -
Unit	Type		Tenant Name	Lease Amount	Actual Rent
1	1 Bedroom	11/15/2013	Tara Smith	\$ 1,595.00	\$ 1,595.00
2	1 Bedroom	7/1/2013	Clay Larner	\$ -	\$ -
3	Bachelor	Mar-14	Larry Oladoja	\$ 895.00	\$ 895.00
4	Bachelor	4/5/2013	Nasri and Dominika Ayed	\$ 795.00	\$ 795.00
0	Bachelor	10/02/13	Scott Walz	\$ 895.00	\$ 895.00
6	Bachelor	02/01/14	Estevan Sanchez & Ryan	\$ 895.00	\$ 895.00
7	1 Bedroom	12/01/13	Nathaniel Becker & John Gregory	\$ 1,595.00	\$ 1,595.00
8	1 Bedroom		EMPTY/VACANT	\$ 1,595.00	\$ -
9	Studio - Jr	03/01/13	EMPTY/VACANT	\$ 1,295.00	\$ 1,295.00
10	Studio - Sr	12/20/13	Max & Lisa Abramson	\$ 1,295.00	\$ 1,295.00
11	1 Bedroom	08/06/13	Jeremy C Adrian & Masayo ShinoHarro	\$ 1,500.00	\$ 1,500.00
12	1 Bedroom	07/01/11	Rosanna McGuire	\$ 1,195.00	\$ 1,195.00
13	Bachelor	11/15/13	Larry Leroy	\$ 895.00	\$ 895.00
14	Bachelor	11/15/13	Fortune Sitole	\$ 895.00	\$ 895.00
15	Bachelor	02/01/14	Rachel Terry	\$ 895.00	\$ 895.00
16	Bachelor		Mario Cascarjo	\$ 995.00	\$ 895.00
17	1 Bedroom	04/15/12	Peter Grayson	\$ 1,195.00	\$ 1,195.00
18	1 Bedroom	07/20/13	Brandy Kennedy	\$ 1,425.00	\$ 1,425.00
19	Studio - Jr	06/16/12	Tracy Day & Timothy George	\$ 995.00	\$ 995.00
20	Studio - Sr	08/05/13	David and Chireeh Wehr	\$ 1,295.00	\$ 1,295.00
21	1 Bedroom	08/17/13	Sue Ferrer and Samuel Ferrer (Minor)	\$ 1,595.00	\$ 1,595.00
22	1 Bedroom		EMPTY/VACANT	\$ -	\$ -
23	Bachelor	10/15/13	MARGAUX CORLA	\$ 895.00	\$ 895.00
24	Bachelor	02/01/14	Christopher Crawford	\$ 895.00	\$ 895.00
25	Bachelor	11/01/13	Jefferey Karl & David Kelley	\$ 895.00	\$ 895.00
26	Bachelor	12/09/13	Sheena Barker & Derrick Taylor	\$ 895.00	\$ 895.00
27	1 Bedroom	09/01/12	Michael Notas	\$ 1,500.00	\$ 1,500.00
28	1 Bedroom	10/01/12	Mark Manuel and Angelene Timorene	\$ 1,595.00	\$ 1,595.00
29	Studio - Jr	02/01/14	Tim Rodriguez	\$ 1,295.00	\$ 1,295.00
30	Studio - Sr	03/01/12	Joseph Gallardo	\$ 995.00	\$ 995.00
				\$ 42,700.00	\$ 31,005.00

Fill in this information to identify your case:

Debtor 1

First Name

Monica

Middle Name

Helena Hujazi

Last Name

Debtor 2

(Spouse, if filing)

First Name

Middle Name

Last Name

United States Bankruptcy Court for the

Northern District of California

Case number
(if known)

13-30477

Check if this is:

☐ An amended filing

☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☐ No

☒ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ No

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Sterling Hantley
Co borrower

☒ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

☐ No

☒ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I).

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

Your expenses

4. \$ 13,300⁺
PIT

4a. \$

4b. \$

4c. \$

4d. \$

Your expenses

5. Additional mortgage payments for your residence, such as home equity loans

5.

\$

6. Utilities:

6a. Electricity, heat, natural gas

6a.

\$

6b. Water, sewer, garbage collection

6b.

\$

6c. Telephone, cell phone, Internet, satellite, and cable services

6c.

\$

6d. Other. Specify: _____

6d.

\$

7. Food and housekeeping supplies

7.

\$

8. Childcare and children's education costs

8.

\$

9. Clothing, laundry, and dry cleaning

9.

\$

10. Personal care products and services

10.

\$

11. Medical and dental expenses

11.

\$

12. Transportation. Include gas, maintenance, bus or train fare.

12.

\$

Do not include car payments.

13. Entertainment, clubs, recreation, newspapers, magazines, and books

13.

\$

14. Charitable contributions and religious donations

14.

\$

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance

15a.

\$

15b. Health insurance

15b.

\$

15c. Vehicle insurance

15c.

\$

15d. Other insurance. Specify: _____

15d.

\$

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.

16.

\$

Specify: _____

17. Installment or lease payments:

17a. Car payments for Vehicle 1

17a.

\$

17b. Car payments for Vehicle 2

17b.

\$

17c. Other. Specify: _____

17c.

\$

17d. Other. Specify: _____

17d.

\$

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).

18.

\$

19. Other payments you make to support others who do not live with you.

Specify: _____

19.

\$

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property

20a.

\$

20b. Real estate taxes

20b.

\$

20c. Property, homeowner's, or renter's insurance

20c.

\$

20d. Maintenance, repair, and upkeep expenses

20d.

\$

20e. Homeowner's association or condominium dues

20e.

\$

Debtor 1

First Name

Middle Name

Last Name

Case number (if known)

21. Other. Specify: _____

21. +\$ _____

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ _____

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ _____

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ _____

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ _____

23b. Copy your monthly expenses from line 22c above.

23b. - \$ _____

23c. Subtract your monthly expenses from your monthly income.
The result is your *monthly net income*.

23c. \$ 18,080

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☐ Yes.

Explain here:

Fill in this information to identify your case:

Debtor 1
 First Name _____ Middle Name _____ Last Name _____
 Debtor 2
 (Spouse, if filing) First Name _____ Middle Name _____ Last Name _____
 United States Bankruptcy Court for the: _____ District of _____
 Case number
 (if known) _____

Check if this is:

- ☐ An amended filing
☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY _____

Official Form 106J-2

Schedule J-2: Expenses for Separate Household of Debtor 2

12/15

Use this form for Debtor 2's separate household expenses ONLY IF Debtor 1 and Debtor 2 maintain separate households. If Debtor 1 and Debtor 2 have one or more dependents in common, list the dependents on both Schedule J and this form. Answer the questions on this form only with respect to expenses for Debtor 2 that are not reported on Schedule J. Be as complete and accurate as possible. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Do you and Debtor 1 maintain separate households?

☒ No. Do not complete this form.

☐ Yes

2. Do you have dependents?

Do not list Debtor 1 but list all other dependents of Debtor 2 regardless of whether listed as a dependent of Debtor 1 on Schedule J.

Do not state the dependents' names.

☐ No

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 2:

Dependent's age

Does dependent live with you?

co borrower
 Jordyn Heather

☒ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself, your dependents, and Debtor 1?

☐ No

☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

unknown
 Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ _____

If not included in line 4:

4a. Real estate taxes

4a. \$ _____

4b. Property, homeowner's, or renter's insurance

4b. \$ _____

4c. Home maintenance, repair, and upkeep expenses

4c. \$ _____

4d. Homeowner's association or condominium dues

4d. \$ _____

Debtor 1

First Name

Middle Name

Last Name

Case number (if known)

Your expenses

5. **Additional mortgage payments for your residence**, such as home equity loans 5. \$ _____
6. **Utilities:**
- 6a. Electricity, heat, natural gas 6a. \$ _____
- 6b. Water, sewer, garbage collection 6b. \$ _____
- 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ _____
- 6d. Other. Specify: _____ 6d. \$ _____
7. **Food and housekeeping supplies** 7. \$ _____
8. **Childcare and children's education costs** 8. \$ _____
9. **Clothing, laundry, and dry cleaning** 9. \$ _____
10. **Personal care products and services** 10. \$ _____
11. **Medical and dental expenses** 11. \$ _____
12. **Transportation.** Include gas, maintenance, bus or train fare.
Do not include car payments. 12. \$ _____
13. **Entertainment, clubs, recreation, newspapers, magazines, and books** 13. \$ _____
14. **Charitable contributions and religious donations** 14. \$ _____
15. **Insurance.**
Do not include insurance deducted from your pay or included in lines 4 or 20.
- 15a. Life insurance 15a. \$ _____
- 15b. Health insurance 15b. \$ _____
- 15c. Vehicle insurance 15c. \$ _____
- 15d. Other insurance. Specify: _____ 15d. \$ _____
16. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.
Specify: _____ 16. \$ _____
17. **Installment or lease payments:**
- 17a. Car payments for Vehicle 1 17a. \$ _____
- 17b. Car payments for Vehicle 2 17b. \$ _____
- 17c. Other. Specify: _____ 17c. \$ _____
- 17d. Other. Specify: _____ 17d. \$ _____
18. **Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).** 18. \$ _____
19. **Other payments you make to support others who do not live with you.**
Specify: _____ 19. \$ _____
20. **Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**
- 20a. Mortgages on other property 20a. \$ _____
- 20b. Real estate taxes 20b. \$ _____
- 20c. Property, homeowner's, or renter's insurance 20c. \$ _____
- 20d. Maintenance, repair, and upkeep expenses 20d. \$ _____
- 20e. Homeowner's association or condominium dues 20e. \$ _____

Debtor 1

First Name

Middle Name

Last Name

Case number (if known)

21. Other. Specify: _____

21. +\$ _____

22. Your monthly expenses. Add lines 5 through 21.

The result is the monthly expenses of Debtor 2. Copy the result to line 22b of Schedule J to calculate the total expenses for Debtor 1 and Debtor 2.

22. \$ _____

23. Line not used on this form.

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☐ Yes.

Explain here:

Fill in this information to identify your case:

Debtor 1 Monica Hyman
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Calif

Case number
(if known) 13-30477

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No
☐ Yes

Name of person _____, Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

x Monica Hyman x
Signature of Debtor 1

Signature of Debtor 2

Date Jun 20, 2016
MM / DD / YYYY

Date _____
MM / DD / YYYY